

*From the Spring 2001 Newsletter*  
**IN THE LITERATURE**

Here we highlight important articles from the literature in clinical, organizational and research ethics.

**Curtis JR, et. al. The family conference as a focus to improve communication about end-of-life care in the intensive care unit: opportunities for improvement. *Crit Care Med.* 2001;29:N26-N33.**

**Kahn JP, Mastroianni AC. Moving from compliance to conscience: why we can and should improve on the ethics of clinical research. *Arch Intern Med.* 2001;161:925-8.**

**Schneiderman LJ, Capron AM. How can hospital futility policies contribute to establishing standards of practice? *Camb Q Healthc Ethics.* 2000;9:524-531.**

Abstract:

This article overviews a conference that examined and critiqued 26 hospital futility policies. In the analysis of the conference results and critiques, the authors show that, although there was no consensus among the policies regarding the definition of futility, or on policies for making such determinations and resolving disputes, "[a]ll but two hospital policies defined the nonobligatory treatment in terms that were benefit based rather than physiology based" (526). After a thorough examination of these policies and the ethics involved in futility, as well as other nation-wide attempts to develop a consensus-based futility policy, the authors offer an opinion on the minimum requirements for such a policy. Futility policies must, "provide both specific definitions and a well-described dispute-resolution process that will bear scrutiny by outside, impartial observers" (528). The authors argue that the establishment of standards of practice regarding futility policies will lead to change in public opinion, and give more weight to such policies in court decisions. "Thus, healthcare professionals need not only to develop policies but also to act in accordance with their policies. They also need to justify, through discussion and publication, their conduct in dealing with situations that have presented the issue of the limits of professional obligations when treatment does not yield results that would be regarded as beneficial by most patients and consistent with the goals of medicine" (530).